

EXHIBIT 1-E

PREPARATION OF DESIGNATION OF DEPOSITORY FORM

Block Number On Form and Instructions

- [1] Enter name, address and zip code of depository (bank) designated to receive federal funds.
 - [2] Enter entire contract number.
 - [3] Enter **non-interest bearing** bank account number where CDBG funds are to be deposited.
 - [4] Enter name of CDBG recipient. (City or Town of _____, or _____ County.)
 - [5] Enter complete address of CDBG recipient.
 - [6]. Signature of Chief Elected Officer (CEO) or Executive Officer for CDBG recipient.
 - [7] Enter title of CEO or Executive Officer for CDBG recipient (Mayor, City Manager, or Chairperson of the County Commission).
 - [8] Enter date form signed by CEO or Executive Officer of CDBG recipient.
 - [9] Enter same account number as in #3 above.
 - [10] Enter ABA number, if planning to utilize electronic deposit for CDBG funds.
 - [11] Enter same name of depository (bank) as in #1 above.
 - [12] Enter same address and zip code of bank where CDBG funds will be sent, as in #1 above.
 - [13] Enter signature of authorized bank officer.
 - [14] Enter title of authorized bank officer for depository.
 - [15] Enter date form signed by authorized bank officer.
- NOTE: Mail an original copy to the CDBG liaison and retain a photocopy for your records. It is important that there are no erasures, corrections or correction fluid on either copy. Also, all signatures should be made in ink.

**MONTANA DEPARTMENT OF COMMERCE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

DESIGNATION OF DEPOSITORY FOR DIRECT DEPOSIT OF CDBG FUNDS

SECTION 1 (To be Completed by CDBG recipient)

The [1] _____
Name, Address and ZIP Code of Grant Recipient's Bank

has been designated as the depository for all funds to be received from the Montana Department of Commerce resulting from CDBG Contract No. [2] MT-CDBG- -0 for deposit to a non-interest bearing account:

[3] _____
Account Name/Number

[4] _____
Name of Grant Recipient

[5] _____
Address

[6] _____
*Signature of Chief Elected Official
or Executive Officer*

[7] _____
*Title of Chief Elected Official
or Executive Officer*

[8] _____
Date

SECTION II (To be completed by the bank)

The account identified in Section I has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive state warrants from the State Auditor's Office for deposit to:

[9] _____
Account Name and/or Number

[10] _____
ABA Number for electronic deposit

without the payee's endorsement have been received and are in this depository's custody.

[11] _____
Name of Bank

[12] _____
Address where checks should be mailed

[13] _____
Signature of Authorized Bank Officer

[14] _____
Title of Authorized Bank Officer

[15] _____
Date